

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 808

City.....

No. 1083

File No. 24696

Registered No. 6097

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

8 yrs. mos. ds.

How long in U. S., if of foreign birth?

1917 Hickory, St. Joseph, Mo.

(If nonresident, give city or town and State)

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 18 1925

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

13

4

23

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

school

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tenn

13. NAME

Maxcus Dillon

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Miss

15. MAIDEN NAME

Mattie Wandlaw

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tenn

17. INFORMANT
(ADDRESS)

M. Fortney 5000 Arsenal, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Matthew

DATE

July 23, 1933

19. UNDERTAKER
(ADDRESS)

A. W. McLaughlin
1216 34th Missouri Avenue
St. Joseph, Mo.

20. FILED

19

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 11, 1933

22. I HEREBY CERTIFY (That I attended deceased from

June 26 1933, to July 11, 1933

I last saw him alive on July 11, 1933

Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Date of onset 6-14

107A

Other contributory causes of importance

Pneumonia

Name of operation None

What test confirmed diagnosis Clinical

Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Natural injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Eschlaub, M. D.

(Address)

ISOLATION HOSPITAL

